



Health Net®

Foreign Claim Questionnaire

If you received health care services while traveling outside of the United States, you'll need to complete and include this questionnaire along with your claim form. Be sure to answer every question so your claim can be processed quickly.

Primary subscriber name:		Subscriber #:
Name of person who received services <i>(if different from primary subscriber)</i> :		
<i>Note: The "you" in these questions is the person who received the services.</i>		
Are you enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of the school:	
What dates were you traveling out of the country?		
What was the nature of your emergency resulting in medical treatment?		
How long were you ill before you got medical attention?		
Were you admitted into the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If treated as an outpatient, how many times did you see the doctor?		
Name of the hospital, clinic or doctor office where you received treatment:		
Address:		Phone number:
Name of treating physician:		Phone number:
Did you receive diagnostic tests? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," what type?	
Were surgical procedures performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," what type?	
Was a special diet recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your primary doctor in the U.S. notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," when?	